ITEM: 13/021
DOC: 1

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.00pm on Wednesday 23rd January in the Whittington Education Centre.

Present:	Joe Liddane	Chairman
	Robert Aitken	Non-Executive Director
	Greg Battle	Executive Medical Director, Integrated Care
	Anita Charlesworth	Non-Executive Director
	Maria da Silva	Chief Operating Officer
	Jane Dacre	Non-Executive Director
	Peter Freedman	Non-Executive Director
	Yi Mien Koh	Chief Executive
	Martin Kuper	Medical Director
	Paul Lowenberg	Non-Executive Director
	Richard Martin	Director of Finance
	Sue Rubenstein	Non-Executive Director
	Bronagh Scott	Director of Nursing & Patient Experience
In attendance:	Kate Green	Business Manager, Nursing & Patient Experience
	Louise Morgan	Trust Company Secretary

13.01 Apologies for absence

01.01 All Board members were present. Governor Mary Slow and Haringey LINks representative Helena Kania had however sent their apologies for absence.

13.02 Declaration of interests

02.01 Both Jane Dacre and Greg Battle declared an interest in agenda item 13.011 (Capital Strategy), the former as Director of the UCL Medical School, the latter as a tenant.

13.03 Minutes of the meeting held on 19 December 2012, matters arising and action notes

03.01 Bronagh Scott asked for note 184.5 to reflect that she was hoping to second a nurse from within the Trust, as opposed to within her directorate. She also requested an amendment to note 186.4 (Friends and Family test) to ensure it reflected the true position. Other than these amendments, the minutes of the meeting held on 19th December were approved.

03.02 In answer to a question from Paul Lowenberg, Bronagh Scott confirmed that she had been in contact with the patient who had expressed concern about the fire drill, and a formal response was due to be sent to him imminently.

Action notes

03.03 182.1: The performance management framework had been placed on the agenda for that day's meeting.

186.2: The VTE CQUIN had been discussed at the January meeting of the Quality Committee, and actions had been put in place to ensure the CQUIN would be achieved at Quarter 4.

188.3: Both the items covered under this note were scheduled for discussion later on the agenda for today's meeting.

190.1 and 191.1: Both these actions had been completed and could be removed from the action tracker.

13.04 Patient Story

04.01 Cassie Williams introduced herself as Head of Patient Experience, and Duncan Carmichael, Consultant and Clinical Lead for ED. She explained that today's story had started out as a complaint which had quickly been viewed as sufficiently serious to warrant an investigation. Although the matter had been one of serious concern, the investigation and outcome had provided real opportunities for valuable learning, and the patient had ended very positive about his experience.

04.02 The patient concerned had attended the ED following a fall. There had been no immediate x-ray of his spine as he had not complained of pain in this area. Days later he had experienced considerable pain on mobilising but had felt that the staff to whom he had expressed this had not believed him or even listened to him. A week later further x-ray results revealed the patient to have significantly more extensive injuries than had first appeared to be the case, and he spoke of his relief as he had been told to get into bed and not attempt to mobilise as he had a broken back. Fortunately he had suffered no long-term damage as a result of this experience, and he paid tribute to one junior doctor who had taken the time and trouble to listen to him.

04.03 Duncan Carmichael informed the Board that this had been his first Serious Incident (SI) investigation. There was a set template (guidance from NHS London) provided by NHS London, and he had followed this whilst carrying out the investigation. He related the findings of the investigation, the learning garnered from it and the action taken as a result. The patient himself was on record as saying that he had expected 'a whitewash', was pleased to learn that the incident had been properly investigated, and had thanked him.

04.04 In answer to a query from Maria da Silva about the staff concerned, Duncan assured the Board that this incident had been addressed with the staff concerned. Anita Charlesworth suggested it might be possible to flag such matters on EPR to ensure they are not overlooked in future, and Martin Kuper replied that there were issues to develop with regard to handovers, also that he was trying to encourage more clinical input to the EPR Board, and would discuss this with Glenn Winteringham.

04.05 Given that alcohol might have been a contributory factor in the patient's fall, Greg Battle asked whether anything had been done to address this. Duncan replied that it was a CQUIN requirement to screen 70% of patients and offer advice and support as necessary; it was also one of the objectives in the Quality Account.

13/05 Chairman's Report

05.01 The Chairman said that he had been keeping in regular contact with the two CCG Chairs, both of whom were actively supporting Whittington Health's FT application, although there had been some challenges around service delivery. Overall there had been a good level of dialogue and this continued to be an important process.

13/06 Chief Executive's Report

06.01 Yi Mien Koh drew attention to the following items from her monthly report:-

- CIP, where the Trust had achieved just under 90% of its target, and this had involved working not just harder but smarter
- The new Trust Development Authority (TDA) guidance published in December which required Trusts to submit their integrated plans by 25th January
- The FT journey, which continued to present challenges, but which was the best possible way forward for the Trust. She thanked staff for the enormous amount of work they had undertaken on this.

06.02 The Executive Team had given its agreement to a £1.9m capital project to develop a new Undergraduate Education Centre on the hospital site in order to allow the UCL educational facilities to relocate from the Archway site. The Board formally ratified this decision, and Paul Lowenberg added that the approach was consistent with the 5-year capital plan.

13/07 Quality Committee Progress Report

07.01 Bronagh Scott explained that this month's report was a verbal one, the committee only having met the previous week. She began by informing the Board that the committee was starting to see real evidence of the reduction in the incidence of pressure ulcers even within community services, the Trust was not an outlier in terms of its numbers. The Chairman congratulated staff on this achievement.

07.02 The committee had also discussed workforce, serious incidents (where response times were showing signs of improvement), and a report from the learning disabilities team. It had also approved the Child Protection declaration. Quality visits had been received by all three of the visiting teams, an update on the Quality Account had been received and the new quality engagement strategy had been approved. There had also been a progress report on the NHSHA work, which was as it progressed helping to identify areas of risk.

07.03 Moving on to national items, Bronagh reminded colleagues that the Francis report into services at Mid-Staffordshire NHS Trust was due to be published in February and would be circulated to all once received. The committee had also discussed David Nicholson's letter to the NHS in the wake of the Savile events, where all NHS organisations were being asked to provide assurances that policies and procedures were in place to guard against repeat of any such incidents. Greg Battle made the point that even with the best policies and procedures in place it was particularly hard to permanently guard against advantages being taken by people with 'national treasure' status or, Sue Rubenstein added, people in positions of power.

13/08 Performance Dashboard

08.01 Maria da Silva introduced this item by drawing attention to two areas where performance had improved - theatre utilisation, which had risen from 70% to 90.5%, and the 12-hour consultant presence, where new rotas were in place throughout medicine and surgery.

08.02 Concerns included ED, where performance had deteriorated in December and January. An action plan has been agreed with the commissioners and some winter pressures funding has been invested to improve the position. Although the target is not currently being met

the aim remains to achieve it by the year end. A ten-bedded winter pressures ward has been opened but there have been some difficulties in staffing it.

08.03 Cancer access continues to be a challenge, with the key issue being patient choice. The Trust missed the target for mandatory training, achieving 84% by the end of December, with the key challenge being staff within the facilities directorate. Everything possible is being done to remedy this position including the introduction of training at night. There was also a plan to improve the rate of appraisals; this had been agreed at the Trust Operational Board.

08.04 Maria asked Board members to consider changes to targets in three areas as follows:

- to change the target for staff turnover from 10% to 13%, which would bring it in line with other similar London Trusts
- bed utilisation: to replace the bed days figure with bed utilisation
- emergency readmissions: to either set ourselves a target or remove from the dashboard as no target has been set by the commissioners.

08.05 Peter Freedman felt that community waits should be included in the key areas of concern, podiatry and physiotherapy being examples. Looking at the rise in complaints, Sue Rubenstein said that it would be useful for the Board to have more detailed information which would help to identify trends and patterns. In response to the latter, Bronagh Scott said that this level of detail is available to the Quality Committee through quarterly reports. She added that for the next Quality Committee, ICAM had been asked to produce a detailed for that division which would include a specific section on ED.

08.06 Anita Charlesworth expressed her concern about cancellation and DNA rates in out-patients and enquired when all the Lean working carried out might be expected to make a difference in this area. Responding, Maria da Silva said that the Transforming Patient Experience (TPE) project, which would make the most significant difference, would be implemented by the end of March and was expected to make a positive difference with almost immediate effect. Naser Turabi added that the first improvements were likely to be seen in cancellations and follow-ups; DNAs were less straightforward. In the meantime other work was being carried out to improve the position, such as reviews, dialogue with GPs etc.

08.07 Paul Lowenberg raised two points; the first being the complaints response rate performance, if all actions to improve this had been completed why was it recorded at 40% in December; he also questioned the wisdom of suspending the one indicator the Trust had on physiotherapy. Maria da Silva replied that actions to improve complaints were not yet complete as training was ongoing. It was also important for those responsible to escalate appropriately when responses were late or substandard. There was a plan to achieve 65% by the end of Quarter 3 and 80% by the end of Quarter 1 of 2013/14. Bronagh Scott added that the corporate team had put in additional resources to support this, but there was a need to get Divisional Directors and Directors of Operations to take ownership and prioritise this area. Performance had worsened due to the loss of a core group of staff who had been trained and experienced, but improvement was now being seen and there was increased ownership by clinicians as well as managers. Yi Mien added that the Board should receive an annual report of complaints which would include trends and definitions.

08.08 Regarding the three changes requested by Maria, the Board agreed the changes to the staff turnover target and to bed utilisation; for emergency readmissions it was felt that further consideration should be given to what the target should be and exactly what should be

reported. Martin Kuper added that there was also a new national dashboard, the contents of which would need to be incorporated. Maria informed Board members that she had offered the Trust's help in developing community metrics for this.

Performance Management Framework

08.09 Naser Turabi introduced this item, saying that the performance management framework was designed to ensure the appropriate management of the Trust's performance against operational and strategic goals, and the bullet points at the start of the document related to Monitor's guidance for applicant FTs.

08.10 Anita Charlesworth commended the document, but expressed her continuing concern about how the Trust managed long-term 'reds' (page 10), suggesting a degree of external scrutiny might be of benefit. Naser confirmed this could be built in if required.

08.11 Referring to 2.1 in the paper Peter Freedman asked for elaboration on the responsibilities of the clinical leads. Maria da Silva replied that from next year, all clinical leads were to be reappointed and their responsibilities would be clearly defined. The responsibilities of clinical leads would also be governed through the appraisal process.

08.12 It was agreed the document needed to be revised to take into account the responsibilities of the Finance & Development Committee, and to this end Naser would seek a meeting with Paul Lowenberg to agree content for inclusion prior to the document's coming back to the Board the following month. Minor amendments were also required to the chart in 2.2.

13/09 Finance Report

09.01 Richard Martin began his report by confirming that the Trust was set to achieve a year-end surplus and that the run-rate was currently close to break even. He apologised for the report's containing some minor inaccuracies which would be corrected in the next iteration. Income with North Central London was on track, and there had been some reduction in the dependency on non-recurrent funds. Temporary staffing costs had reduced again, and the Trust had now achieved 89.4% of its CIP target, with the continued aim of reaching 100% by the year end.

09.02 Looking at financial performance by division and area, Richard paid tribute to the considerable improvements made in Women, Children & Families and in particular within midwifery services, where Jenny Cleary, with the support of Dee Hackett, had improved their position considerably.

09.03 In answer to a question from Paul Lowenberg about increased liabilities, Richard explained that this was in part due to the timing of the capital programme spending. There were also some phasing issues around the clearance of debts with North Central London.

09.04 The financial report was approved by the Board.

13/10 Workforce Strategy

10.01 Introducing this item, Maria da Silva said that an earlier version of the workforce strategy had been agreed as part of the FT application process. This version has been to the Trust

Operational Board, Executive Team and Finance & Development Committee and been agreed by all three. Speaking as Chair of the Finance & Development Committee, Paul Lowenberg added that members of that committee had been of the unanimous opinion that considerable progress had been made on the development of the strategy, however it was important to remember this was a live document and as such would be kept under review.

10.2 It was agreed that the strategy in its present form provided more detail on the method through which some of the aspirations could be achieved and also on some of the changes that would need to be made in order to achieve them. The Chairman emphasised the importance of staff involvement moving forward.

10.3 Maria da Silva informed Board colleagues that she had been working with Judith Ward on the Organisational Development Plan for the Trust which would be discussed by the Finance & Development Committee prior to its being discussed at the Board.

10.4 The workforce strategy was approved by the Board.

13/11 Estates Strategy

11.01 The estates strategy had also been discussed in detail at the Finance & Development Committee as well as at an earlier Trust Board seminar. Paul Lowenberg said that the strategy had been considered alongside the 5-year capital plan and the two were consistent. He added that the Finance & Development Committee had commended Phil and Richard on an excellent piece of work which would enable the Trust to bring about the service changes it required and provided the necessary resource to make the requisite improvements in, for example, maternity, education and training and ambulatory care.

11.02 The strategy also afforded the Trust with the opportunity to rationalise back office space and storage facilities so that more resource can go directly to front-line clinical services. It also provides the Trust with a roadmap for the community estates the Trust would be taking on soon, and means that the Trust can reconfigure some of the estate that would become surplus to requirement in three years' time. In summary, the focus would move from administrative to clinical. Phil Ient added that the strategy would also enable the Trust to move away from the former Nightingale style wards which were not fit for purpose in the modern care environment.

11.03 In her role as Chair of the Quality Committee Sue Rubenstein commented that it was pleasing to see a strategy that provided opportunities to tackle some of the patient safety concerns members of the committee had voiced, particularly those related to maternity services.

11.04 The estates strategy was approved by the Board.

13/12 IT Strategy

12.01 Yi Mien Koh introduced this item. The IT strategy was a three year one due to the fact that the Trust would look very different in three years' time including having become paperless which was a change championed by the Secretary of State. What was less clear at present was the implementation of telecare, and to this end a study tour to the Veterans' Association

was planned later in the year to visit organisations further advanced in such fields. The tour, would be funded by the Department of Health in view of Whittington Health's being a London demonstrator site. Jane Dacre advised the group to take the opportunity of also visiting MIT.

12.02 Glenn Winteringham said that IT services faced two important targets – all Trusts were expected to have implemented the EPR by 2014, and by 2018 health and social care services were required to have become paperless. A rapid rate of change was required to support the provision of care closer to home and to improve services for patients.

12.03 In answer to a question from Jane Dacre about patients who might not possess the requisite technology for the new world of care, Glenn replied that many of the services under discussion were either very low technology or involved bringing the necessary equipment into the patient's home. There would therefore be a requirement for staff training in this area. Martin Kuper spoke in support of advancements in this area, telling Board colleagues that he had recently attended the Clinical Audit awards, where a presentation had been made showing that since the introduction of electronic prescribing medication errors had reduced from a rate of some 25% to almost nil. It was noted that a pilot project was already underway in Haringey.

12.04 Robert Aitken asked about the degree of clinical engagement there was in this area. Glenn replied that information was passed to the divisional boards and circulated to all consultants, and that projects and workstreams had clinical leads. For phase 2 (the patient portal) there would also be focus groups with patients.

12.05 Sue Rubenstein felt the strategy was a very good one, but she had concerns about the challenges facing some of the community staff. Glenn agreed that there were challenges to be faced, and undoubtedly some training needs, and the link with the Organisational Development work would be the key to progressing this, although community staff were extremely keen to move forward. It would also need to be recognised that during the initial implementation some processes might take slightly longer until staff became familiar with new systems, and for this reason it might be necessary to build in longer appointment times.

12.06 In answer to a question from Peter Freedman about financial benefits to be gleaned from implementation of the strategy, Glenn said that considerable initial investment would be required to implement the strategy but in the longer time there would be financial benefits to be gained, however these had not yet been quantified. He gave the example of postage where there were obviously considerable savings to be made. Paul Lowenberg added that the strategy needed to be specific about the revenue consequences and about the costs and benefits.

12.07 The IT strategy was approved by the Board. The Chairman reminded the authors of all three strategies that the Board expected to revisit all major strategies every six months.

13/13 <u>Charitable Funds: Annual Accounts</u>

13.01 The Board received three documents, the Annual Report, Annual Accounts and Auditor's Report. Since the Board papers were circulated some minor amendments had been made to the Summary, the last paragraph under Fundraising and on page 5 under Transfer of

Charitable Funds from Camden PCT, and the updated version would be made available to the Board.

13.02 The overall position was poor due mainly to external factors including the recession although there had been a slight improvement lately. It was noted that this suite of papers had been to the Audit & Risk Committee and also received external validation from the Trust's internal auditors.

13/14 Audit & Risk Committee Report

14.01 The Audit & Risk Committee had met the previous week, and Peter Freedman highlighted the following areas of discussion:

- the implications of the HDD2 report, which Richard Martin would be meeting with Deloitte's to discuss
- the procurement process, in the context of some significant areas of expenditure requiring tendering
- the Board Assurance Framework (scheduled for discussion later on the agenda)
- the Trust's approach to major transformation projects – Unipart had been present and there had been discussion of the potential need for further programme management resource.

13/15 FT Application Update

15.01 Richard Martin updated Board members on the latest developments concerning the Trust's FT application and annual business planning, paying particular attention to the following:

- The Constitution, which would be sent to the SHA on Friday as part of the required submission – it would reflect changes recently discussed such as the decision to remove the north/south divide from the constituency map
- Governance – the solicitors would be checking that these sections conformed with the latest legal requirements
- TDA required an annual plan - an extensive pack needed to be submitted, including
    - Annex A, which required the Trust to identify five areas for improvement – ED, cancer targets, length of stay, outpatient productivity and mandatory training and appraisals had been chosen.
    - Annex B concerned service development and gave the opportunity to request resources.
    - Annex F comprised a comprehensive planning checklist, and would need to be signed off by an executive director. Yi Mien Koh would do this on behalf of the Board.

15.02 There were two Single Operating Model (SOM) submissions, relating to October and November performance. For October, the Trust had scored red for finance, for November green.

15.03 Noting that the Chairman and Chief Excutive had reviewed these submissions thoroughly with Fiona Smith, the Board gave its formal approval to both.

13/16 Board Assurance Framework

16.01 Introducing this item, Louise Morgan informed Board members that the BAF had been the subject of detailed discussion at the Audit & Risk Committee the previous week. As the IBP was being developed it was important to ensure that all risks had been captured. The Board was asked therefore to endorse this amended version.

16.02 Peter Freedman confirmed that the Audit & Risk Committee was content that this version of the BAF aligned to the IBP and that the committee was increasingly comfortable with it,with cross reference to the divisional risk registers.

16.03 In answer to a question from Jane Dacre about the document's accessibility, Yi Mien Koh said that a slide would be produced for the Board to Board meeting on 21st February and that the BAF would not be subject to any significant change prior to that date.

13/17 Any other urgent business

17.01 Board members were reminded that a practice board to board meeting with clinical directors was scheduled to take place on 29th January. There were also meetings scheduled for 4th and 11th of February. All Board members were urged to attend these even if existing diary commitments meant they would be late or could only attend a part of the meeting.

17.02 The amended R&D Operational Capability Statement was formally approved by the Board.

Communications from today's meeting

17.03 It was agreed that the next issue of Board Matters should include the patient story, the IT, Estates and Workforce strategies, and the visible improvement in the incidence of pressure ulcers throughout the Trust.

17.04 Maria da Silva informed Board colleagues that she had appointed a new Director of Operations for Surgery, Cancer & Diagnostics, Lee Martin, who has been working in Australia for the last ten years.

13/18 Contributions from the floor

18.01 Valerie Lang said that that day's patient story had particularly resonated with her own experience of not having felt believed when she had been experiencing severe pain following a fracture. She also asked Dr Kuper whether it was possible to have intravenous sedation on her next visit to the dentist, and he agreed to follow this up for her.

18.02 David Emmett made a point about the right of patients to have access to their records, also to see who else had viewed them. He also asked for – and was given – assurances that the maternity services was not at threat because of investment in other areas.

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